State of South Date of Statement of Financial Interest Candidate for Public Office

Appendix F RECEIVED

FEB 2 7 2008

File statement in the office where your nominating petition or convention nomination certification was filed. STATE

Please read information on reverse side before completing this form.		
1. Name Eldon Engene	Nygaard	
2. Address 1419 E. Cherry	Nygaard St. Vermillion, 50.5700	
	e Representative	
4. What is your occupation/profession? Lauyer,	tarmer, wine maker	
5. List any enterprise which accounted for more than ten percent of, or contributed more than \$2,000 to, your family's (includes spouse, minor children living at home) gross income in the preceding calendar year. Identify who receives the income from each enterprise. La Lant Lineyards, Inc. La Lant Lineyards, Inc. La Lant Lineyards, Inc. Latine de Army Officer	What is the nature of your immediate family's association with each? The value of the financial interest need not be reported. Wife # Sch work here We work on the farm in Turner Caty MA	
6. List any enterprise in which you, your spouse or minor children living at home control more than ten percent of the capital or stock. Identify who has the ownership interest in each enterprise. A A	What is the nature of your immediate family's association with each? Wife and Lown 50% Couff	
Fauning Enterprise	wife and I own 100%	
State of South Daketa)) SS. County of)	Verification	
I have reviewed paragraphs 1 through 6 of the Information Regardatement of Financial Interest and certify that the information remy financial interests for the preceding calendar year. (Signed) _ Sworr to before me this day of		
(Seal) Filed this The day of Revised 1997 Feb. 08	Officer Administering Oath My commission expires: 9-17-2013	

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SECRETARY OF STATE

Section 3

If any organization contributes more than ten thousand dollars in the aggregate to a ballot question committee and is comprised of twenty or fewer members or shareholders, the organization must submit with the contribution the name and address of each shareholder or member who owns ten percent or more of the organization.

Nam	e of Shareholder or Member	Street Address	
Date:	Signature:		
	y		

State law requires you to submit this information to the treasurer of the committee you are making the contribution to.

